

Foster Family Home - Corrective Action Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-5

94-1123 Halelehua Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/20/2019

Foster Family Home

Required Certificate

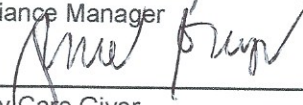
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification made on 5/20/19. Home is in compliance with all requirements.


Compliance Manager


Primary Care Giver

5/20/19
Date
5/20/19
Date